

ROXBURY PEDIATRICS

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Patients name:

DOB:

ATHLETIC PREPARTICIPATION SCREEN

- 1) Heart palpitations or skipping beats during exercise Yes No
- 2) Chest pain, discomfort or pressure during exercise Yes No
- 3) Syncope (fainting) or near syncope during or after exercise Yes No
- 4) History of high blood pressure Yes No
- 5) Heart murmur or history of heart infection Yes No
- 6) History of heart tests ordered by a doctor Yes No
- 7) Family history:

Marfan syndrome Y N

Arrhythmia/irregular heartbeat Y N

Unexplained sudden death including drowning or

Unexplained car accident Y N

Death from heart problems or sudden death before age 50 Y N

Heart problems Y N

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Signature

Date